

Guidance for Completing the HIV Counseling Information Form (HIV6)

This document was developed to: provide HIV counselors a better understanding of the California Department of Health Services, Office of AIDS (OA), *HIV Counseling Information Form* (CIF); describe the CIF's role in HIV counseling; and insure consistent recording of client information. Most items are open to interpretation. This guidance provides a detailed explanation of each item on the form. Reliance on this guidance will minimize confusion of meaning. Whenever questions are unresolved by this document or suggestions for better HIV counseling contact David Webb at the State OA, (916) 449-5826. To order additional CIFs contact Denise Humenik at (916) 449-5822.

The CIF is a professional tool to be used ONLY by HIV counselors who have completed the State-sponsored training. Supervised use by new counselors is permitted as part of their training. The CIF reflects and records key aspects of the HIV counseling content and is designed to assist with the counseling process. This information is appropriately discussed with clients and recorded only by trained staff in the context of providing HIV counseling services. With the exception of a few administrative items, the content of this form is essential for adequate client-centered HIV counseling. HIV counseling cannot be client centered unless the counselor has a complete understanding of the client's risks and current issues. The CIF has been designed in intensive collaboration with the HIV counselor training curriculum development staff, HIV counselor trainers and senior counselors. The information is recorded to insure that it is obtained and available for reference during HIV risk assessment, disclosure and post disclosure HIV counseling sessions. It is the basis for service documentation and reimbursement. It also provides program planners with information about the HIV counseling process and our clients. This information is critical to the continuous improvement of primary HIV prevention in California. This information should NEVER be collected by untrained staff, by clients, or outside the counseling context. Incomplete or inaccurate recording of this information diminishes the impact of HIV counseling, violates contractual obligations and risks support for effective prevention services.

The CIF is organized into five different types of blocks. Heavy-bordered grey blocks contain information that must be completed for services to be reimbursed by the State. Two light-bordered boxes are for studies using detuned HIV enzyme-linked immunoabsorbent assay (ELISA) or enzyme immunoassays (EIA). Two heavy-bordered white boxes contain the first letter of the client's last name and alternative billing. Rounded blocks provide lists of potential topics that HIV counselors should consider discussing with each client. Some must be discussed with every client but few clients will require the discussion of every issue. A check off box for each topic provides a handy means of noting what was covered with the client in the counseling session, important information for disclosure sessions. Using these boxes provides prompts, notes coverage of topics and provides communication to disclosure counselors. Double-bordered white blocks summarize information about the client and the client's risk reduction plan obtained during the risk assessment process. The CIF is organized to reflect the HIV counseling process. While strict reliance on the CIF results in poor counseling, many counselors glance at it occasionally for support, prompts and recording information at convenient points during the interview. The front side of the form covers the introductory portion of the risk assessment session. The core risk assessment is found on the back side and later issues such as referrals and setting a risk reduction plan late in the session are again found on the front. This is a general organizational theme and will not apply to every HIV counselor's style or client session. The CIF must be available during disclosure counseling to support the counseling process, to assess immediate risk reduction goal attainment, to correct and update initial information, and to add final referrals.

All information should be completely recorded for each client, except for those clients who decline to provide the information. In the risk history sections, the HIV counselor must check the declined/refused box for that section when the client declines to provide the risk information addressed. Blanks represent incomplete risk assessments and can affect the level of payment for counseling and testing services and reflect the adequacy of the service provided.

In this guidance, major headings are the same as the form's label for each block. Topic labels are in bold print. Literal content of an item on the form is presented in italics.

Unique Office of AIDS Client Number

A unique OA client number is required for data reporting and payment for services provided. Never use the same number on two different CIFs.

Risk assessment counseling only

When testing does NOT follow risk assessment counseling, a number from the OA supplied inexpensive **white** single numbered labels should be used on each form.

Testing with the OA laboratory slip with purple labels

OA numbers for clients who test are obtained from the **purple** labels on the OA laboratory slips.

Non-OA laboratory slips

If laboratory slips other than OA's purple ones are used, the OA can supply a **yellow** number sticker sets to use with alternate laboratory slips for marking the CIF form, specimen container, etc. The yellow number is used for data entry into the HIV Counseling Information System computer program. (If alternate laboratory slips have a sufficient number of labels, the single white OA number can be placed on the CIF form along with a number from the laboratory slip, tying the two numbers together.)

Administrative Information

Agency/LHD no.

The code number assigned to the local health department (LHD) or other contracting agency by the OA.

Site no.

The number assigned by the LHD or agency to the site where the services were provided. This number should be used to identify physical addresses where C&T services are regularly provided. They should not be assigned, for instance, to every street corner stop of a mobile van route.

Clinic type

Clinic Type provides a list of all the main types of venues where publicly funded counseling and testing is provided. The HIV counselor should select a clinic type that most closely matches the clinic where the HIV service was provided. When none of the defined choices apply, use (12) *Other health department*, if the HIV service is being provide by a public health department and (13) *Other,specify*, for all other possibilities.

1. *Alternative test site*: Local health department Alternative Test Site (ATS) where, by State statute, only free and anonymous testing is conducted. The name cannot be used by other anonymous clinics.
2. *Family planning*: A clinic scheduled solely or primarily to provide family planning services.
3. *STD clinic*: A clinic providing solely or primarily sexually transmitted disease services.
4. *Alc./drug treatment*: Any clinic or site where alcohol or drug treatment services are provided.
5. *Detention facility*: Any juvenile hall, jail or prison.
6. *Primary care/CHC*: A facility or community health clinic (CHC) offering a variety of medical services as needed.
7. *HIV test*: A clinic scheduled to provide confidential or anonymous HIV counseling and testing only, not in conjunction with other services and **NOT an ATS**.
8. *Street outreach*: Street outreach provides education, counseling, HIV testing, referrals, and follow-up services in venues where high-risk populations congregate.
9. *Mobile van*: Testing provided in a vehicle or testing done in the field at no established location. This does NOT include testing done at a given site by a mobile team, if testing is regularly offered at this location.
10. *TB clinic*: A clinic scheduled to provide tuberculosis (TB) diagnosis and/or treatment.
11. *Youth drop in*: A drop in center is a small, store-front-style building located on an active pedestrian thoroughfare, near public transportation. Its purpose is to provide prevention services in a private and comfortable manner to low-income youth at high risk for HIV infection.
12. *Other health department*: HIV testing at a public health department activity not described by the other choices (e.g., immunization clinic, Supplemental Nutrition Program for Women, Infants and Children (WIC) clinic). This includes clinics conducted by LHD contractors that are NOT defined above.
13. *Other, specify*: Any other clinic offered by an organization other than a public health department and not described by the other categories.

Client's test election

This category indicates the client's informed decision whether or not to test. If a client tests, the HIV counselor must specify which OA counseling and testing (C&T) protocol (anonymous vs. confidential) was followed. If the client declined to be tested or the client chooses not to be tested after talking to the counselor the HIV counselor must indicate the client declined to be tested.

1. *Tested anonymously:* Client chose to test and was tested under the anonymous protocol (ATS, or other, non-ATS anonymous testing site).
2. *Tested confidentially:* Client chose to test and was tested under the confidential protocol where name and locating information were taken.
3. *Declined testing/not tested:* The outcome of the risk assessment session was the mutual recognition that the client had no known risk of having been exposed to HIV, had tested recently with a lack of high-risk behavior since the last test, or came to test immediately after a risky event and testing may not provide an accurate result (within the 6 month window period). Some clients do not fully understand how often testing is needed and/or use testing to reassure themselves (e.g. feeling that testing is somehow prophylactic). Clients should be helped to pay more attention to real prevention strategies and less to very frequent testing.

Clients may decline testing because they may not be convinced that anonymity/confidentiality will be maintained. A number of clients have unreasoned fears that their HIV results will be disclosed. Some client needs are better served by referring them from a confidential setting to an anonymous setting. Some clients, usually in small rural settings, have the more reasonable fear that complete anonymity is sometimes hard to maintain in some settings. These clients may benefit from being referred to sites where their anonymity will be assured. These clients should be reassured that information is well protected at the testing site and no identifying information is reported to the county or state.

For some people the fear of being HIV-infected results in an effort to avoid the potential knowledge. While one counseling task is to help clients confront their fears and take constructive action, it is not always accomplished in one session. A client should never be pressured to take a test. Discuss concerns and invite client to return for testing later.

There may be circumstances that prompted the HIV counselor NOT to offer a test to the client. One obvious example occurs when an intoxicated client is unable to provide informed consent. Belligerent clients may also present grounds for discontinuing services.

Counseling Dates

Record the date of the service and the initials of the HIV counselor providing the service. Counselors must use initials consistently. These initials verify the successful completion of a contractual obligation. Initials for each counseling service on each CIF are checked against the computerized roster of active HIV counselors when entered. Billing is done on the basis of these fields and accuracy is essential. **Illegible information will prevent services from being reimbursed.** Dates are entered as Month/Day/Year (e.g., 08/29/03). All counselors must have current HIV counselor training to be reimbursed for services rendered, unless a counselor is new, in which case may be reimbursed for up to three months (under supervision) prior to taking a training (this does not apply to performing rapid testing). Only qualified personnel may conduct, read and record the results of a rapid HIV test.

Risk assessment:

Risk assessment counseling was completed for this client. Provide date of the session and initials of risk assessment counselor in the boxes.

Follow-up contact

Follow-up contact with confidential client who missed scheduled disclosure session or a post disclosure rapid test positive confirmatory disclosure session to reset appointment for disclosure/post-disclosure session. Provide date of contact and initials of follow-up person in the boxes. For this service only, follow-up contacts may be made by staff other than counselors. Contact can be in the form of a phone call, letter, or through street outreach connections.

Disclosure counseling

Disclosure and referral counseling was conducted with this client. Provide date of session and initials of disclosure counselor in the boxes. Disclosure provided on the same day as the test for rapid HIV testing should be indicated in this area.

(carefully verify anonymous client using form information): When disclosing standard testing results, especially anonymously, use the descriptive information provided on the CIF form to insure that the person presenting for the disclosure session is the same as the client tested.

Mark if post disclosure counseling scheduled.

Check this box when a post disclosure counseling session is scheduled for the client. **IMPORTANT:** Checking this box tells the data system to hold the client record until the post disclosure session date is recorded or for 60 days, which ever comes first. If this box is not marked the data system will consider the client record complete and ready for invoicing once the client returns for his/her test result and the disclosure session is recorded.

Post disclosure counseling

Positive confirmatory rapid testing disclosure or post disclosure counseling session was conducted with this client. Provide date of session and initials of post disclosure counselor in blanks. Post-disclosure clients can not be counseled on the same day as the disclosure session or more than 60 days after the risk assessment session.

First letter of last name

Enter the client's first letter of their last name in the box. Input an asterisk (*) if the client declines/refuses to provide information. A matching criterion is made up of the first letter of the client's last name, date of birth, race, gender and resident county. The purpose of the matching criteria is to anonymously track successful referrals to and from HIV C&T services to maximize client access to HIV primary prevention services. These few data items will allow a high accuracy of knowing if an outreach client was successfully linked to testing services. Anonymity and confidentiality remain unchanged and are assured by the use of this very limited information.

Alternate billing

Ordinarily, the services recorded on the CIF form are billed to the OA when entered into the HIV Counseling Information System computer program. This block is normally left blank but when marked allows the billing of none or only a portion of these services. If none of the services are to be billed to the OA, mark *No billing to OA*. Some testing is not billed to the OA such as tests done under court order (sex workers, sex offenders and others) or when paid for by other sources of funding like: CDC, county public health money, other grant/funds, state-mandated claims fund, or the client. In most cases it is still desirable to record all HIV services in the same database.

When one or two of the reimbursable services is billed to another source, the remaining one or two services can be billed to the OA, if appropriate, by marking the one(s) to bill to OA. For example, the OA will pay for a risk assessment counseling session for a client seeking an HIV test needed to apply for immigration but it will not pay for the test. In this case, *Risk assessment* can be marked for OA billing. Only alternative billing items that are marked will be billed to OA.

Detuned

This area is used for areas that have internal review board (IRB) approval for detuned HIV enzyme-linked immunoabsorbent assay (ELISA) or enzyme immunoassays (EIA). The standard HIV ELISA can detect relatively low levels of antibodies. The detuned assay is a less sensitive test that can only detect antibodies at higher levels achieved during the period six months or more after infection. If the standard ELISA detects HIV antibodies then a detuned or weaker version of the ELISA is used to determine whether a person was infected within six months of taking an HIV antibody test or prior to the six-month period. Using a combination of both tests, a positive/negative result indicates a recent HIV infection and a double positive means a long-standing infection. Leave this area blank if detuned testing is not being performed at your testing location.

Researchers can use this testing strategy to learn more about persons seeking HIV testing at publicly funded testing sites. Epidemiologists can use this tool to track new infections in high-risk populations and investigate where prevention efforts may need to be directed. It may also be useful in partner counseling and referral services (PCRS) in determining when infection may have occurred.

Client Information

Race/ethnicity

The purpose of race/ethnicity is to identify cultural issues that may be appropriate for the counselor to address. It provides program planners the race/ethnic proportions of clients needing services. The five "standard" census groups are used. Encourage the client to identify the one group of closest identification, and record it under *1st*. Ask clients if there is a second group with which they identify and record it under *2nd*. The benefit of this approach is that it provides both a "simple" description and a more precise definition of clients of mixed race. This level of detail may help counselors understand cultural issues important to the client's HIV risk reduction.

Date of birth

Record the client's date of birth by reporting the month, day and last two digits of the birth year in the boxes (e.g., 04/25/80). If the client only gives you their age then enter 0 for month and day followed by the year of birth (e.g., 00/00/80).

Gender and pregnancy

Enter the client's self-identified gender. *Female* and *Pregnant female* alternatives are listed here to simplify the form. Don't forget to ask about pregnancy and mark (3) *Pregnant Female* if the client is sure she is pregnant. Mark (2) *Female* if client acknowledges that she might be pregnant, but does not know or client knows she is not pregnant. Transgendered clients may be pre or post operative. If a transgendered client was biologically male at birth then indicate (4) *Transgendered: male to female*. If a transgendered client was biologically female at birth then mark (5) *Transgendered: female to male*. (6) *Other, specify* is for any other self-identified gender, such as intersex or hermaphrodite (both genitalia).

Sexual orientation

Enter the client's self-reported sexual orientation regardless of their sexual behavior. There are many different definitions and conceptions of sexual orientation - including sexual attraction, identity, lifestyle, partnership and community. Sexual orientation may be fluid, changing within an individual over time, and felt differently by different individuals. Instead of imposing one definition of sexual orientation, the client should use their own definition of sexual orientation when answering this question.

Mark (1) *Heterosexual (straight)* if client self-identifies as being heterosexual or straight or attracted solely to members of the opposite gender. Mark (2) *Bisexual* if client self-identifies as being bisexual or attracted to persons of both genders (not necessarily to an equal degree). If client identifies as gay, lesbian, queer, homosexual, "same gender loving", or attracted solely to members of the same gender mark (3) *Gay, lesbian, queer, or homosexual*. If clients specify another sexual orientation then mark (4) *Other, specify*. If client is undecided about their sexual orientation mark (5) *Client doesn't know*. If client declines or refuses to indicate a sexual orientation then do not mark any of the boxes.

Residence county

Record the county of the client's primary residence. For transients, record the county in California where the client most often resides. Out-of-state clients are marked as 99.

Residence zip code

Enter the zip code where the client's residence is located. For transients, enter the zip code where the client most often resides. Out-of-state clients are marked as 99999. These two geographic questions help localize the client for appropriate referral service sites and identify areas of higher concentration of high-risk clients and HIV infected persons for program planning.

Mark if client is homeless.

Mark box if client is homeless. Knowledge of this is particularly important for scheduling disclosure sessions, as it may be impossible to contact these clients.

Client was referred by

Referral sources are ordered to simplify recording. Please mark the lowest numbered referral source that the client reports and enter this number into the data system. For example, if the client says they heard about the clinic's HIV testing by calling the *AIDS telephone hotline* number (6) and that they have seen advertisements for testing on the *Internet* number (12), mark number (6) only. (Others can be checked for use in counseling.)

1. *HIV+ partner*: The client has/had an HIV-infected sex or needle-sharing partner who told the client they are HIV-positive and that the client should get tested.
2. *PCRS/partner notification*: Client was notified by a health care worker that the client had a sex and/or needle-sharing partner who was HIV-positive (PCRS = partner counseling and referral services).
3. *OA NIGHT outreach (incentive/referral)*: This is only for those clients contacted by the OA funded Neighborhood Intervention Geared to High-risk Testing (NIGHT) Outreach Program. If unsure, do NOT mark it.
4. *Other outreach worker*: Client was referred by a health worker providing street outreach services (other than 3 above).
- 5.-12. As indicated.
13. *No identifiable referral source*: Use this field when the client was referred by an individual or organization other than those identified in 1 through 12. Mark if the client does not give a source or client was not referred for testing at all but is being counseled while attending the clinic for another reason.

Client's reason for testing

The choices provided are ordered. Mark one choice. It should be the lowest numbered reason that the client reports. If the client says they are *Reconfirming an HIV+ result* and also had a prior *HIV+ partner* only enter (1) *HIV+ partner* into the data system. (Other reasons can be marked for counseling purposes.)

1. *Reconfirming HIV+ result:* The client has already tested HIV-positive and is returning for more HIV counseling/testing.
2. *Reports AIDS-like symptoms:* Client complains of symptoms that the HIV counselor can reasonably interpret as being associated with AIDS. This is not a diagnosis, just a reasonable interpretation. If the client complains about symptoms that are rarely or never associated with AIDS, do not mark 2. (Physical symptoms as a motivation for testing may be an important counseling issue, whether they are associated with AIDS or not.)
3. *Has current HIV+ partner:* Client has a **current** sex or needle-sharing partner who is HIV-infected.
4. *Had past HIV+ partner:* Client has a **past** sex or needle-sharing partner who is HIV-infected.
5. *TB diagnosis:* Client has been diagnosed with tuberculosis (TB).
6. *STD related:* Client is testing for HIV because they have been diagnosed with a sexually transmitted disease (STD).
7. *Hepatitis diagnosis:* Client is testing for HIV because of a hepatitis diagnosis.
8. *Pregnancy:* Client is pregnant and is testing to protect the baby from the risk of maternal transmission.
9. *Risky behavior:* Client says they are testing because of risky behavior.
10. *Starting a new relationship:* Client is starting a new sexual relationship.
11. *Partner request:* Client indicates that a sexual or needle sharing partner asked them to be tested.
12. *Rape/assault:* Client states they are testing because they have been sexually assaulted.
13. *Exposure to blood:* Client indicates that they have been exposed to blood on the job.
14. *Immigration:* Client says they are testing because of immigration.
15. *Other, specify:* Client had a reason for testing that was not similar to the listed reasons.

HIV Testing History

Number of prior HIV tests

Circle the number of HIV tests the client has had before the current test. Zero (0) is important to circle for all clients who have NOT had a prior test. It is important for the counselors and program people to know who is testing for the first time. Marking no number means the HIV counselor did not ask or client refused to say. *(This information is important, but we do not intend to suggest that the HIV counselor debate with the client whether he/she has had 5 or 6 prior tests or whether the last test was May or June of 1995. Do not get bogged down.)*

Date of last test result

Enter the month and year of the client's last test result in the boxes. Ask the client to guess if they do not remember the month. Counselors need to know recent testing intervals and planners need to know more than the year even for old testing, so please approximate the month if necessary. Prompt client for seasons or holidays if necessary (e.g. "Was it in the winter?").

Last test result

Mark last test result (1-3), as appropriate, or 4 if client tested but did not return for results.

Risk Reduction Steps

Risk assessment stage of change

Clients are often in different stages of readiness to change. Interventions need to be matched with the client's current stage or readiness to change to be most effective. Indicate the behavior that you are assessing and discussing with the client and mark the appropriate client's stage of change for intervention/prevention plan. Mark (1) *Not thinking about it (Precontemplation)* if the client has no intentions to change their behavior. Mark (2) *Thinking about it (Contemplation)* if client has formed intention to change, but has no specific plans to change in the near future. Mark (3) *Ready for action (Preparation)* if client has plans to change behavior in the immediate future and may have taken some initial actions. Mark (4) *Action* if client has begun changing behavior, but the behavior change is relatively recent. Mark (5) *Maintenance* if client has maintained consistent behavior change for an extended period of time and the newly acquired behavior has become a part of everyday life. It is important to remember that these stages of change are not linear. Clients will tend to move fluidly back and forth between stages and relapse to an earlier stage is always possible.

Immediate risk reduction step

Behavior change is often incremental. The interval between counseling sessions is an excellent opportunity to set a manageable risk/harm reduction step with the client. Motivation is highest during this period and there is an opportunity during the disclosure or post disclosure session to discuss the client's efforts, to support and build on them, or to process alternatives.

In this block summarize a concrete, step that the client believes they can accomplish before the disclosure session. Write sufficient detail so that it can be discussed in the disclosure session. Always try to select with the client an attainable step so that you can build upon success.

At disclosure, risk reduction step(s)

During the disclosure session for standard tests or the post disclosure session for rapid tests, the HIV counselor can discuss the step and evaluate the degree to which the client was able to accomplish it. Mark (1) *No step established at risk assessment* if no step was written in the block (this may be because the client refused or declined). Mark (2) *Client made no effort* if the client did not think about it or undertake it in any way (e.g. “Oh yeah, I forgot about that”). (3) *Step attempted* should be used to indicate the client actively pursued the step, even if it was only to think hard about doing it and then giving up. (4) *Step achieved* should be reserved for situations when it is clear the client was able to come to grips with the issue and achieve the stated step. If the client describes an appropriate behavior substituted for the original goal behavior, the new behavior should be evaluated for degree of achievement. This area is left blank for negative rapid tests unless a high-risk negative client returns for a post disclosure session.

The examination of this step is very important to the risk reduction process. It may be the first of many successful risk reduction steps for the client or a major signal to the HIV counselor that another risk reduction strategy is necessary. This data is also collected in the hope that examined in the aggregate; we will be able to find client patterns, which can aid the HIV counseling risk reduction process.

Post disclosure/short-term risk reduction step(s)

The post disclosure session is for HIV-positive confirmatory rapid test disclosures or can be arranged for any high-risk or HIV-positive or HIV-inconclusive client. It is an opportunity to follow up with additional counseling and referrals. Ideally, the post disclosure session can be used as an opportunity to connect a client with a specific referral source by having an individual from the referral source attend the post disclosure session as well. A concrete short-term risk reduction plan is extremely important for the client during both the initial disclosure session and the post disclosure session. These short-term steps should be designed to help the client make incremental changes. Summarize what clients can do immediately and what precautions can be taken in the short term after each session. Briefly summarize them in this block. Additional notes may be made in the **Counselor Notes** area.

Long-term risk reduction step(s)

A concrete risk reduction plan should always be a part of HIV counseling. Risk reduction does not occur in the abstract. It is also important to discuss it in steps: what can be done immediately; what can be undertaken in the short term; and what are the behaviors to be worked toward in the long run? Briefly summarize them in this block. They must be reviewed in the disclosure and post disclosure sessions and they may be altered or elaborated, especially in light of the outcome of the immediate risk reduction effort.

Referrals

Providing referrals to high-risk clients is an essential task of HIV counseling. Our limited services must be followed up by additional behavior change interventions or other supportive services for high-risk clients. Choose a primary referral with the client, the one that is most essential for risk reduction. Mark a “1” to indicate that the client was referred to that service. If a second referral is appropriate, mark a “2” next to it and “3” for the third referral. Only three referrals are recorded

into the data system. If no referral is made mark a “1” next to (1) *NONE*. Complete this process at the risk assessment (RA), after test results are given during disclosure (D) counseling and again at the post disclosure (PD) counseling session. Risk assessment, disclosure, and post disclosure referrals may be identical or they may differ. All three should be marked for high-risk clients. Lower risk HIV-negative clients will have all referrals listed under RA counseling only. To receive the additional referral reimbursement, a referral numbered 3 to 22 must be marked in the disclosure column for high-risk, HIV-positive and HIV-inconclusive clients only.

Counselor: Review/Assess Introductory Issues

This section is for counselors to review and assess introductory issues that must be covered with the client in the initial stages of the counseling session. Reviewing these issues will not only help the counselor develop rapport with the client, but also help the counselor assess the goals and needs of the client. This is also a good time to clarify any questions that the client has regarding HIV and HIV related issues. Review and mark any issues discussed during the session. These items are not recorded in the data system.

Counselor: Review/Assess Testing Issues

This section is provided for the counselor to review and assess testing issues with the client to help the client better understand the testing process. The counselor will need to review these testing issues and clarify any important points that were missed or that needed to be restated for the client to make an informed decision to test. It is also a good time to highlight the importance of the client to come back for the result. Review and mark any issues discussed during the session. These items are not recorded in the data system.

Counselor Notes

This section is for free form notes of relevance to the counseling session. These are particularly useful to communicate impressions or significant issues to the disclosure counselor, especially in those settings where there is usually a different counselor.

Sexual Risk History

When examined collectively, these items provide a complete risk history of the client's potential for sexual HIV transmission as well as some idea of the probability of HIV exposure. This assessment will allow the counselor to center the discussion of HIV risk reduction on the client's risk issues.

Sexual activity is organized by the types of partners a client may have. Types of partners tend to indicate the risk of exposure. The sexual activities in conjunction with barriers used indicate the risk of transmission with each type of partner. Counselors should explore the types of sexual activity the client acknowledges. For example, counseling will be affected by whether the oral sex is fellatio or rimming.

Identifying higher risk clients for enhanced counseling with greater reimbursement is achieved by this risk assessment. Any risk indicator that is associated with an increase in the chance of being HIV infected has been identified from HIV client data. Clients currently receiving disclosure counseling include:

Test Result

- All HIV-positives and HIV-inconclusives

Risk Behaviors

- Men who have sex with men (MSM)
- Transgendered
- Injection drug users (IDUs)
- Sex workers (drugs or money)
- Clients with partners they know to be:
 - HIV-positive
 - IDUs
 - Sex workers
 - Bisexuals
- Occupational HIV+ exposure
- Child with maternal HIV exposure
- Women who practice receptive anal sex
- Stimulant users (crack, amphetamines, cocaine, nitrates/ites & ecstasy)

These indicators will be revised as the correlates of elevated risk change. These categories identify higher reimbursements for counseling and are associated with HIV risk BUT they are not a definition of risk. That can only be determined by each individual risk assessment.

For the risk assessment to work properly, **a response must be recorded for each item.** Discuss and record the client's behavior during the ***last two years*** unless otherwise indicated.

Date of last test result

If the client has received an HIV test result within the last two years then discuss and record the client's behavior since the date of the client's last test result in the blank (mm/yy). This will be the same date provided in the **HIV Testing History** on the front of the form. This time period is the one most relevant to assess for planning the client's risk reduction strategy.

Time Frame Code (TFC)

The shaded areas marked *TFC* for Time Frame Code are used in areas collecting more detailed time frames for specific behaviors and areas utilizing detuned assays. If directed to use this area, use the **Time Frame Code** box in the lower right hand corner of the page as a guide for completing this area. If a client has difficulty remembering the last time they performed a particular activity prompt client for an approximate time of the activity (e.g., Was it in the summer?, Near a holiday?). Try not to get bogged down and enter the *TFC* that comes closest. If a client does not recall the last time they engaged in a particular activity enter a "9" in the TFC box. If a client declines or refuses to provide information then enter an asterix (*).

If Yes, is marked under a **Sexual activity** then indicate the correct *TFC* and then ask client about their **Frequency of barrier use**. If a **Substance use** box is marked (other than *no alcohol or drug use*) then indicate the *TFC* when they last used that substance. If a client is an injection drug user

and has indicated that they *Sometimes* or *Always* shared needles then indicate the *TFC* they last shared needles. If the client says they *Sometimes* or *Always* clean their injection equipment then record the *TFC* of the last time they cleaned their works. If client accesses needle exchange sites *Sometime* or *Always* then record the *TFC* they last accessed a needle exchange site. If client indicated they are currently or have been in treatment in the past then indicate the appropriate *TFC*.

Total number of sex partners

Indicate the total number of sex partners the client has had during the last 2 years or since their last test result. Enter 000 if client has had no sex partners during that time.

Partner(s)

Mark (0) *no partners* to indicate that the client does NOT know of having had this particular type of partner in the assessment period.

or

Mark (1) *one or more* to indicate if client had one or more of this type of partner during the *last two years or since the last result*.

or

Mark (*) *decline/refused* to indicate if client declines/refuses to provide this information.

Blank indicates that the HIV counselor did not perform a complete risk assessment.

Sexual activity and Frequency of barrier use

Mark (1) Yes or (0) No box for any/all sexual activities listed that the client has participated in. Lack of a response indicates the counselor did not ask the client. For each sexual activity client indicated as Yes, mark the frequency of barrier use for that sexual activity. If a client acknowledges a particular type of sex but is unclear about barrier protection, mark (1) *Never*. For many clients barrier use is *Sometimes* and marking (2) is appropriate. However, for some there is a consistent pattern of condom use especially with certain partners. These should be marked (3) *Always*. Barrier protection items should be left blank when **Partner(s)** is marked (0) *no partners* or the client does not participate in that sexual activity with that type of partner. This system cannot wholly describe “reality.” It should be marked to best reflect the client’s risks of HIV exposure and transmission. When recording activities remain focused on the sexual activity the client performs. It is easy to start thinking about the partner’s activity instead.

Did client know partner’s HIV-positive status prior to sexual contact?

Answer (1) Yes if client indicates they have had a HIV infected sex partner(s) and knew that one (or more) the sex partner(s) were HIV-positive before having sex. Mark (0) *No* if client did not know their partner(s) status until after they had sex.

Optional Data

These fields are for other data that are specific to agencies that are not on the CIF. If you have question regarding these fields, ask your HIV counseling supervisor.

Substance Use History

Substances use

Mark the (*) *declined/refused* box if the client declined or refused to give a history of their alcohol and drug use. Leaving the **Substances Use History** boxes blank and NOT marking the (*) *declined/refused* box indicates HIV counselor did not perform a complete drug assessment. If client indicates that they have not used any alcohol or drugs, mark *no alcohol or drug use*. Make a check mark in the box next to alcohol or any of the specific drugs used. Note that the drugs listed are loosely organized into depressants, stimulants, hallucinogens, and erectile dysfunction prescription drugs. (Do NOT include psychotropic drugs prescribed by a psychiatrist.) Specify drugs not listed by marking *other, specify* and naming it in the blank space provided. Learn the current street names for each drug listed. The issue here is cofactors affecting safer sex decisions and injection risks. Drugs used with sex may affect judgment leading to unsafe sexual practices. Drugs may stimulate sexual behavior. Sex may be part of drug transactions.

In the **Injected** box in the second column, mark (1) Yes if the client injected the substance and (0) No if they have not injected the substance. Blank indicates that the HIV counselor did not perform a complete risk assessment. Other substances injected such as vitamins or steroids should be indicated by marking the *other, specify* box and also by checking the **Injected** box.

For alcohol or any drug marked, indicate the **Frequency used with sex**. Mark (1) *Never* if the client is always drug free during sex.

Injection behaviors

For clients who have injected substances, issues of shared needles, needle exchange programs, cleaning works, syringe sources and IDU treatment history are important in the client risk assessment and intervention plans. (Note: a client will be categorized as high risk if injection drug use is indicated in the preceding alcohol and drug use section.) Leave all items in these section blank for non-IDU clients.

Shared needles: Has the client shared needles with another person? Mark (1) for *Never*, mark (2) for *Sometimes* or mark (3) if the client *Always* shares needles with another person.

Shared with a known HIV+ partner? Mark (1) Yes if shared needles with a known HIV-positive partner. Mark (0) No if client has not shared needles or has not shared needles with a known HIV-positive injection partner.

Cleaned works: Does the client clean the injection equipment? Mark (1) for *Never*, mark (2) for *Sometimes* or mark (3) if the client *Always* cleans his/her injection equipment.

Needle exchange: Has the client ever accessed a needle exchange program? Mark (1) for *Never*, mark (2) for *Sometimes* or mark (3) if the client *Always* accesses needle exchange programs.

Is NE available in client's area? Mark (1) Yes if needle exchange (NE) is available in client's area or (2) No if it is not available regardless if client uses needle exchange or

not. Clients may use other sources for needles/syringes or may use needle exchange outside of the their area (i.e., different city or county).

Needle/syringe sources: Mark all needle/syringe sources.

needle exchange program: Has the client obtained needles/syringes from a needle exchange program (NEP)?

secondary exchange: Has the client received syringes from other individuals who access the NEP? Some IDUs do not feel comfortable attending a NEP (e.g., they do not want neighbors or friends to know they are an injector; they fear being stigmatized.). Nevertheless, some IDUs are beneficiaries of the NEP through peers who take their used syringes, exchange them at the NEP for new syringes, and return the new syringes to the peer who originally gave them the old syringes.

pharmacy/drug store: Has the client obtained syringes at a pharmacy or drug store? This response applies to clients who access syringes at pharmacies in California and across the border in states (e.g., Oregon) or countries (e.g., Mexico) that legally sell syringes over-the-counter. (This response may be more relevant when California legislation is in place that allows pharmacies to sell syringes over-the-counter, without a doctor's prescription.)

needle dealer/seller: Has the client bought (or received for free) a needle/syringe from an individual who regularly sells needles/syringes on the street?

shooting gallery: Has the client obtained a needle/syringe (new or used) in a shooting gallery (i.e., a location where IDUs typically inject: usually someone else's home, an apartment, an abandoned building, a park, a street, an alley).

diabetic: Has the client received a needle/syringe (free or for a fee) from an individual who is an insulin injecting diabetic and who obtains syringes by prescription from the pharmacy?

close friend: Has the client received/borrowed a needle/syringe from a close friend (e.g., peer, running buddy, associate)?

sexual partner: Has the client received/borrowed a needle/syringe from a person with whom they have had sex (e.g., spouse, partner, girlfriend/boyfriend, date)?

other source: Has the client obtained a syringe from any source other than those listed above?

IDU treatment history. Is the client currently in treatment? Has the injecting client ever been in treatment? Mark (1) for clients who have *Never* accessed treatment programs, mark (2) for client who are currently in treatment, mark (3) for clients who have accessed treatment programs within last 2 years or since last result or mark (4) if client accessed treatment prior to last years or since last test result.

The answers to each of these questions are critical to successful risk reduction for injectors.

Other Risk History

STDs/hepatitis

Obtain hepatitis and sexual transmitted disease (STD) history for clients from the last two years or since the last test result. Mark the appropriate boxes based on what the client reports. Make appropriate referrals based on client needs. If client indicates that they have not had a STD or hepatitis diagnosis in the last 2 years or since the last test mark *no STDs/hepatitis* and ask about lifetime history of viral STDs/hepatitis. Mark the (*) *declined/refused* box if the client is unwilling to provide a hepatitis and STD history. Many or frequent STDs may suggest high transmission risk that should be reduced. Indications of exposure to high-risk partners as well may indicate very high risk of infection.

Viral STDs/hepatitis

Mark if client states they have had Hepatitis (HAV, HBV, HCV) or viral STDs (HPV, HSV) during their lifetime (this maybe the same as the previous question). Mark the appropriate boxes based on what the client reports. Make appropriate referrals based on client needs. If client indicates that they have not had a viral STD or hepatitis diagnosis during their lifetime mark *no lifetime viral STDs/hepatitis*.

Hepatitis vaccination

Hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccinations require a two or three shot series. Two HAV vaccines are currently approved for use in the U.S. for persons over 2 years old and both require two doses (shots) taken about 6 to 18 months apart. Two HBV vaccines are available for all persons and are usually given in three doses (shots) over a 6-month period. A 2-dose regimen (the second dose is given 4-6 months after the first) for one of the vaccines has been approved for use in persons 11-15 years old. A combined HAV and HBV vaccine is available for persons 18 and older and is given in 3 doses over a 6-month period. Mark (1) *yes* if the client states they have completed a series of vaccinations. Mark (2) *no* if client indicates that they have not been vaccinated, have not completed the series, or does not know whether or not they have had a complete series of vaccinations. Mark the (*) *declined/refused* box if client refuses or declines to answer.

Men who have sex with men, injection and non-injection drug users, and persons who live in communities with high rates of hepatitis are at highest risk for HAV. HAV is found in the stool of persons with hepatitis A. HAV is spread by analingus (i.e., rimming), close personal contact, and eating food or drinking water containing HAV. HAV can cause a mild “flu-like” illness, jaundice (yellow skin or eyes), and severe stomach pains and diarrhea. In very rare cases, HAV can cause death. People who have been infected with HAV develop a protective immunity and cannot get hepatitis A again and are no longer infectious to others.

High rates of HBV occur among injection drug users, men who have sex with men, people who have multiple sex partners, and people in contact with people with chronic HBV or with jobs involving contact with blood. HBV is transmitted through the sharing of blood and body fluids with an infected person. HBV can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

Discuss with clients who are at high risk for hepatitis about vaccinations for HAV and/or HBV. Clients who are unsure about whether or not they have been vaccinated can talk to their medical provider about seeing if they have antibodies for HAV and/or HBV. It is recommended for people who are HIV-positive to be vaccinated for both HAV and HBV.

Other risk factors

Record other risk factors that a client has been exposed to in the last two years or since last test result. Mark (1) Yes if client indicates the risk factor, (2) No if client indicates not having that risk factor, or (*) declined/refused if client does not want to disclose information. Leaving all boxes blank indicates that counselor did not ask client about additional risk factors.

Received money/other items or services for sex. This includes any commercial transaction in which the client provides sex, excluding drugs.

Received drugs for sex.

Behavior resulting in other blood-to-blood contact (SM, tattooing, piercing, cuts, etc.) or that allows blood contact with mouth, vagina or anus. This is a catch-all category. More specific risks should be recorded elsewhere. This is specifically for other ways that blood to blood contact is clearly indicated. (SM = sadomasochism)

Shared objects/fingers inserted in mouth, vagina or anus. This is a catch-all category. More specific risks should be recorded elsewhere. This is specifically for other ways that could pose a risk of transferring bodily fluids but where no obvious blood-to-blood contact is indicated.

Blood-to-blood exposure on the job.

Job exposure blood known to be HIV+. This risk factor cannot be checked if *Blood-to-blood exposure on the job* is not checked.

Blood/blood product transfusion before 1985 (or in a country where blood is/was not tested for HIV).

Child born of an HIV-infected woman.

Other behavior, specify. This risk factor is for any other relevant behavior not specifically descriptive of risk. Record sexual assault here in this blank. Be sure to assess the specific risks involved and record along with other risk behavior.

Counselor: Review/Assess Drug and STD Issues

This section is for counselors to review and assess drug and STD issues that must be covered with the client in the initial stages of the counseling session. Reviewing these issues will not only help the counselor develop rapport with the client, but also help the counselor assess the goals and needs of the client. Review and mark any issues discussed during the session. These items are not recorded in the data system.

Counselor: Review/Assess Basic Issues

This section is for counselors to review and assess basic issues related to HIV prevention that must be covered with the client in the initial stages of the counseling session. Reviewing these issues will not only help the counselor develop rapport with the client, but also help the counselor assess the goals and needs of the client. Review and mark any issues discussed during the session. These items are not recorded in the data system.